

# Physician-Focused Payment Model Technical Advisory Committee Meeting

## Physician-Focused Payment Model Technical Advisory Committee (PTAC)

Dr. Jeff Bailet- PTAC Chair

Elizabeth Mitchell- PTAC Vice Chair

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# The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

- Bipartisan legislation **repealing** the Medicare Sustainable Growth Rate (SGR) Formula
- Changes how Medicare **rewards** clinicians for **value** over volume
- Created **Merit-Based Incentive Payments System (MIPS)** that streamlines three previously separate payment programs:

Physician Quality Reporting Program (PQRS)

Value-Based Payment Modifier

Medicare EHR Incentive Program

- Provides **bonus payments** for participation in eligible alternative payment models (APMs)
  - Section 101 (e)(1) creates the Physician-Focused Payment Model Technical Advisory Committee
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# Highlights of MACRA

- Repeals the Sustainable Growth Rate (SGR) Formula
- Streamlines multiple quality reporting programs into the new Merit-based Incentive Payment System (MIPS)
- Provides incentive payments for participation in Alternative Payment Models (APMs)

**The Merit-based  
Incentive  
Payment System  
(MIPS)**

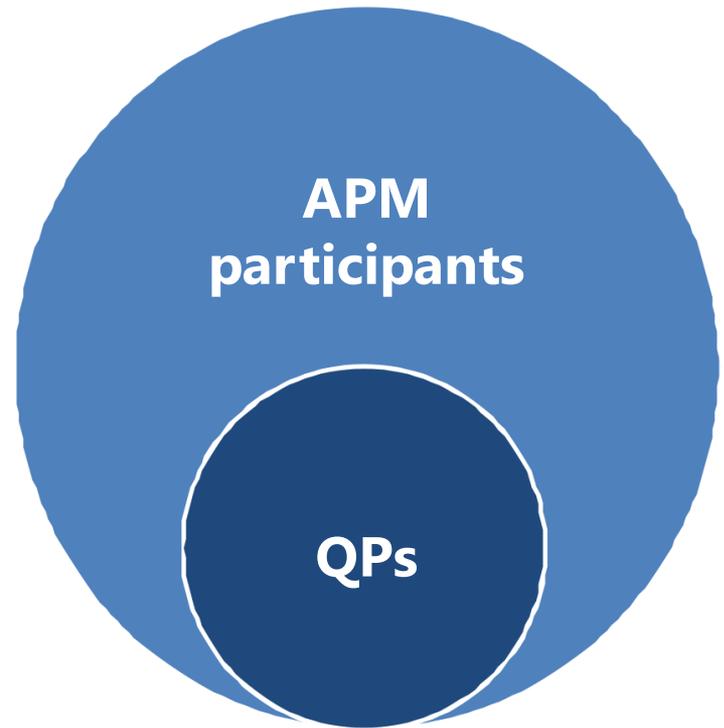
**or**

**Advanced  
Alternative  
Payment Models  
(APMs)**

- ✓ A better, smarter Medicare for healthier people
- ✓ Pay for what works to create a Medicare that is enduring
- ✓ Health information needs to be open, flexible, and user-centric

# How does MACRA provide additional rewards for participation in APMs?

- Most physicians and practitioners who participate in APMs will be subject to MIPS and will receive favorable scoring under the MIPS clinical practice improvement activities performance category
- Those who participate in the most advanced APMs may be designated as qualifying APM participants (“QPs”). As a result QPs:
  1. Are not subject to MIPS
  2. Receive 5% lump sum bonus payments for years 2019-2024
  3. Receive a higher fee schedule update for 2026 and onward



# PTAC's Statutory Charge

- The Physician-Focused Payment Model Technical Advisory Committee (PTAC) was created under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
- The purpose of PTAC is to:
  - Review proposals submitted by individuals and stakeholder entities for physician-focused payment models (PFPMs); and
  - Provide comments and recommendations to the Secretary of Health and Human Services (the Secretary) regarding whether each proposal meets criteria for PFPMs established by the Secretary

# Criteria for Evaluating Models

- Scope of proposed payment model (high priority)
- Promoting quality and value (high priority)
- Flexibility for practitioners
- Payment methodology (high priority)
- Evaluation goals
- Integration and care coordination
- Patient choice
- Patient safety
- Health information technology

# Secretarial Response

- By statute, the Secretary of HHS must review the comments and recommendations of PTAC and post a detailed response on the website of the Centers for Medicare & Medicaid Services (CMS)

# PTAC Composition

- Eleven members appointed by the GAO
- Have national recognition for their expertise in physician-focused payment models and delivery of care
- No more than five are providers or representatives of providers
  - The terms of the committee members are intended to be staggered, with the first set of appointments for terms of 1, 2, or 3 years.
  - Committee members may be appointed for subsequent 3-year terms.
- For a full list of all PTAC members, visit PTAC's website at <https://aspe.hhs.gov/members-physician-focused-payment-model-technical-advisory-committee>

# What is a Physician-Focused Payment Model?

- A physician-focused payment model (PFPM) is an Alternative Payment Model:
  1. In which Medicare is a payer;
  2. In which eligible clinicians that are eligible professionals as defined in section 1848(k)(3)(B) of the Act are participants and play a core role in implementing the APM's payment methodology, and
  3. Which targets the quality and costs of services that eligible professionals participating in the Alternative Payment Model provide, order, or can significantly influence.

# PTAC: Goals and Process

PFPM = Physician-Focused Payment Model

Goal: to encourage new APM options for Medicare clinicians



# Stakeholder model submissions

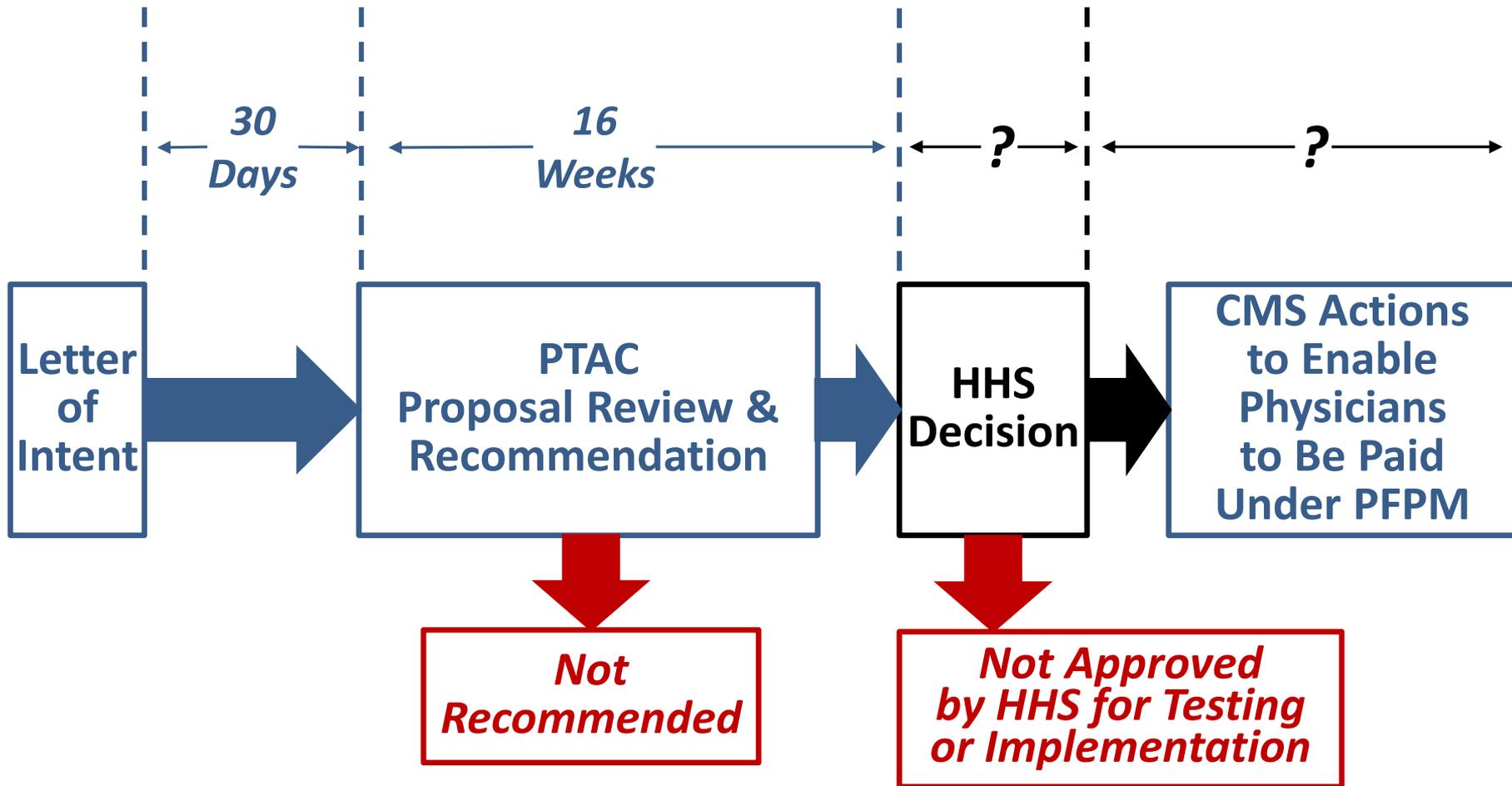
- PTAC began receiving letters of intent (LOI) on October 1, 2016
  - LOIs must be submitted at least 30 days prior to full proposals
  - LOIs can be sent to [PTAC@hhs.gov](mailto:PTAC@hhs.gov)
- Full proposals will be accepted starting on December 1, 2016 and submitted through ScholarOne for review

# Principles Guiding Request for Submissions

PTAC is attempting to balance several principles in its request for model submissions:

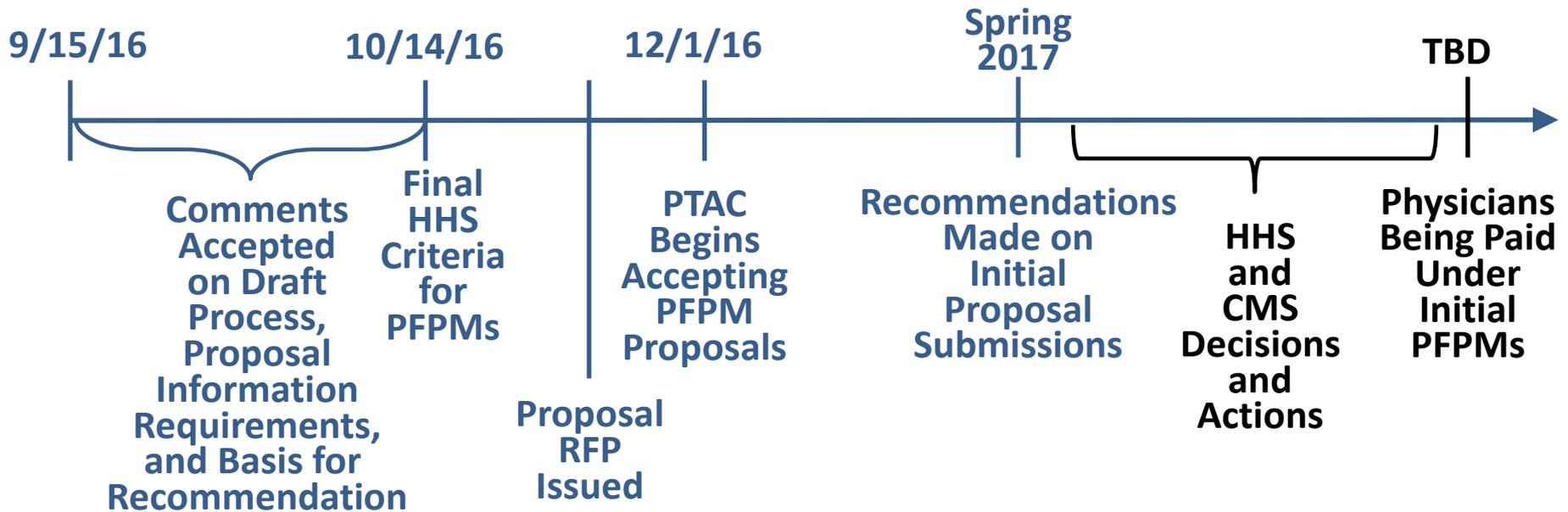
- Giving succinct instructions.
- Providing ample information so the submission is complete.
- Making submission easy.
- Requesting sufficient details from submitters.
- Facilitating efficient evaluation.

# Overall Proposal Submission Timeline





# Overall PTAC Timeline



*PFPM = Physician-Focused Payment Model*

# PTAC Priorities

- Preparation for proposal submissions on December 1, 2016
- Public data availability
- Finalizing analysis plan and scoring methodologies

# Opportunities for public participation

- At least quarterly public meetings
- Public comments are invited at all public meetings and on all key documents
- We invite you to visit PTAC's website, <https://aspe.hhs.gov/ptac-physician-focused-payment-model-technical-advisory-committee>
- Email us at [PTAC@hhs.gov](mailto:PTAC@hhs.gov) with questions and join our listserv (<https://list.nih.gov/cgi-bin/wa.exe?A0=PTAC>) to stay updated on all PTAC activities
- Questions?